

# DCFS Weekly Update From the State Office

Friday, September 1, 2000

## From My Perspective

*By Ken Patterson*

On Saturday, August 19, 2000, six-year-old Trevor Wagner died in Salt Lake City as a result of physical abuse injuries inflicted by his mother's boyfriend. You probably read about his tragic death in a local newspaper or heard about it on TV. Trevor, his little brother, and his mother had become the subject of an investigation a few days before his death. It was the first child abuse fatality on an open investigation in Utah in a long time. It is a grim and sobering reminder of the violence that we all know can be and is perpetrated against children. For many of us, Trevor's death is both an affirmation of why we choose to do this work and a question of why we do this work.

Each of us live with the real possibility of the children we are trying to help becoming a victim. We have tools, guidance, consultation, and experience to help us make very difficult decisions. But none of those in and of themselves assure complete safety.

I am sure that the fatality review will find many things done well for Trevor. It will also make recommendations for practice or policy changes in an attempt to prevent future deaths or injuries in similar circumstances. That is the job of fatality review—not to judge, but to point the way for improved practices.

A death such as Trevor's touches each of us deeply because it is our "worst case." It is what we all attempt to prevent. And yet it happens. So as you ponder Trevor's too short life, give your DCFS co-workers and community partners a pat on the back, a smile, a hug, etc., to let them know that you know the work they do is difficult, and that you understand the personal risks they take in doing this important job.

## Vaccines: What You Need to Know

*By Bonnie Holmes*

This article is the first in a series of six about immunizations.

### Diphtheria, Tetanus, and Pertussis

This information comes from the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Immunization Program. All three of these diseases can be very dangerous, as listed below.

- Diphtheria:
  - Can cause a thick covering in the back of the throat.
  - Can lead to breathing problems, paralysis, heart failure, even death.

- Tetanus:
  - Tetanus causes painful tightening of the muscles, usually all over the body.
  - It can lead to “locking” of the jaw so the person cannot open his/her mouth or swallow. Tetanus can last for weeks.
- Pertussis (Whooping Cough):
  - Pertussis causes coughing spells so bad that it is hard for infants to eat, drink, or breathe. These symptoms can last for weeks.
  - It can lead to pneumonia, seizures (jerking and/or staring spells), brain damage, even death.

Diphtheria, tetanus, and pertussis (DTP) vaccines prevent these diseases. Most children who get all their shots will be protected during childhood.

As with any medicine, vaccines carry a small risk of serious harm, such as a severe allergic reaction or even death. If there are reactions, they usually start within three days and do not last long. Most people have no serious reactions from these vaccines. (Note: The Moderate to Serious Reactions and Severe Reactions listed below are uncommon with the DTP Vaccine.)

MILD REACTIONS	MODERATE TO SERIOUS REACTIONS	SEVERE REACTIONS
Sore arm or leg	Non-stop crying (three or more hours)	Severe allergic reaction (breathing difficulty, shock)
Fever	Fever 105 or higher	Severe brain reaction (long seizure, coma, or lowered consciousness)
Fussy	Child becomes limp, pale, less alert	
Seizure (jerking or staring)		
Decreased appetite		
Tired		
Vomiting		

### When Should Children Receive DTP Vaccinations?

Children should receive the DTP vaccination at 2 months old, 4 months old, 6 months old, 12-18 months old, and 4-6 years old. A DTP shot should be given at 11-12 years of age and every 10 years thereafter.

## To Make Your Life Easier: Using SAFE Optimally

*By Robert Lewis*

When a user logs on to SAFE, the Notification window pops up with a list of policy-based to-do items. Among the more important of these notices are Overdue Action Items. Receiving an overdue notice on an action item is almost always a sign that

there is a problem in the way that an important policy requirement is being documented or carried out in a case. Generally, workers have first received prompts of future action items due; then when the due dates pass, SAFE sends an overdue notice to the specific worker. For most action items, if 10 days go by without the action being completed, another overdue notice is given to the worker and their supervisor. Some 30-day overdue notices also include a notice to region administration.

Action items were developed with the concept that it is very difficult for workers to set up their own controls to make sure they meet the numerous time-sensitive case requirements. Overdue notices are intended primarily to assist workers in catching things they may have overlooked before they get seriously out of conformity with policy and good practice.

Overdue notices coming to supervisors and administrators also may suggest the need for some problem solving at a different level. There may be a training deficiency on the part of the worker or the worker's supervisor. Or, the particular worker's assignments may be too heavy. Or, there could be problems that need fixing in office case flow procedures or assignments that make it difficult or impossible for workers to complete required actions on time. In the past, overdue items may also have resulted from SAFE bugs and required Help Desk calls so they would be scheduled for fixes. (We think these are now corrected.)

Overdue notices might be thought of as a clue both to workers and administrators that something needs fixing. Remember this refrain:

*Overdue,  
Is a clue,  
That some fix-up work is due.*